

## Account Closure Request

Financial Institution Name:

Financial Institution Address:

**I/we wish to advise that I/we have recently changed banking arrangements and request that the following account be closed.**

BSB

Account number

Account name(s)

**Please credit the following Illawarra Credit Union account with the closing balance of the above account:**

BSB: 802 249

Account number:

Yours sincerely,

Signature of account holder

Full name

Date

Contact number

Signature of second account holder (if any)

Full name

Date

Contact number